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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/071,951	02/06/2002	Srinivasa Sesa Soma Sekhar Muppidi	10.0894	3621
21919 7590 01/15/2008 MEREK, BLACKMON & VOORHEES, LLC 673 S. WASHINGTON ST. ALEXANDRIA, VA 22314				
EXAMINER				
CHAN, JASON				
ART UNIT		PAPER NUMBER		
2613				
MAIL DATE		DELIVERY MODE		
01/15/2008		PAPER		

**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.




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**Board of Patent Appeals and Interferences**

MEREK, BLACKMON & VOORHEES,  
LLC  
643 S. WASHINGTON STREET  
ALEXANDRIA, VA  
22314

Appeal No: 2008-0643  
Appellant: Srinivasa Sesha Soma Sekhar Muppidi et  
Application No: al.  
Hearing Room: 10/071,951  
Hearing Docket: A  
Hearing Date: B  
Hearing Time: Thursday, February 14, 2008  
Location: 09:00 AM  
Madison Building - East Wing  
600 Dulany Street, 9th Floor  
Alexandria, Virginia 22313-1450

**NOTICE OF HEARING  
CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS**

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquiries, please contact the Clerk of the Board at 571-272-9797.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

BPAI HEARINGS FAX No: (571) 273-0299

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In all communications relating to this appeal, please identify the appeal by its number.

CHECK ONE: ( ) HEARING ATTENDANCE CONFIRMED ( ) HEARING ATTENDANCE WAIVED

Signature of Attorney/Agent/Appellant \_\_\_\_\_

Date \_\_\_\_\_

Registration No. \_\_\_\_\_

Names of other visitors expected to accompany counsel: \_\_\_\_\_

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